FORM PROCESSING ACTION REQUEST									1.	1. DATE OF REQUEST (YYYYMMDD)				
(Read I	ing this fo	rm.)			20120306									
2. FROM (DoD Comcomplete mailing a Marine Corps Co ATTN: Mr. Wats BOX 63002 MCBH Kaneohe	3. THRI comp N/A	THRU (DoD Component FMO Organization and complete mailing address) N/A				For AT BC	4. TO (Organization and complete mailing address) Forms Management Officer ATTN: Base Adjutant BOX 63002 MCBH Kaneohe Bay, HI 96863-3002							
5. FORM DESIGNATION AND NUMBER (Leave blank if a new form) 6					6. EDITION DATE (Enter only if cancelling a form) 7. FORM TITLE MCB Hawaii MCC			CS Cus	S Customer Accident Report					
8. ACTION TYPE (Select one) 9. FORM TYPE (Select one) 9. Prescribed			,	elect one)	10. SUBJECT (Leave blank form)			11. PRESCRIBING ISSUANCE(S) MCBH MCCS 5000/18						
12. FORM DISPOSITION (List all forms to be replaced by proposed form) 13. PROPOSED FORM DESIGN CONSIDERATIONS														
a. FORM NUMBER			b. EDITION D				a. DESIGN TYPE b. SUGGESTED SIZE c. PRINTING SPECIFICATIONS							
N/A	1		N/A			Print and	Print and Fill			5x11	x11 No			
IV/A IV			18/12)	d. CLAS	d. CLASSIFIED e. c			NTROLLED FORM	RM f. DIGITAL SIGNATURE F		E FIELD	
			<u> </u>			No No			No		No			
***************************************						g. AVAILABILITY (Select one)					4			
					!	Physical Product - Stocked and issued by O					R			
15. INTERNAL CO	 					1 (2) COO!	LON COORDINATOR							
(1) APPLI- CABLE? (2) REMARKS (Enter application, and attach application)				opropriate do	ocumentation.)		(3) COORDINATOR			TOFFICE SYMPOL	OFFICE SYMBOL TELEPHONE NO		INITIALS	
- DDWACY ACT	(Yes/No) Yes	 	· · · · · · · · · · · · · · · · · · ·	ordinator em	rdinator email address here.)		Ms. Amy Madsen			OFFICE SYMBOL	(Incl. area co	de/DSN)		
a. PRIVACY ACT b. POSTAL	No	NM05000	<u>-1</u>			IVIS. Amy	/ iViaus	sen		MP&A	808-257	-8866	256	
c. DATA ELEMENTS	No													
d. RECORDS MGMT	Yes	Destroy w	hen 2 years old		Ms. Amy Madsen				MP&r A	MP&A 808-257-8866		AMY. Promote State of the Control of		
e. OTHER	No	1	nen 2 years or						WHICK	1711 02/1 000-23/-0000		254		
f. REPORTS														
RCS	No													
ОМВ	No			***************************************									<u> </u>	
16. EXTERNAL CO			CONCURRE	NCE (Not	required for SD, E	OD Compo	onent,	or Comm	and form	s. Attach continuatio	n page if necess	sary.)		
a. DOD	b. COORD	INATOR				TELEBRONE NO							T	
COMPONENT	NAME	4AME			OFFICE SYMBOL		TELEPHONE NO. (Include area code/DSN) EMAIL			LADDRESS			INITIALS	
						 								
						<u></u>								
				_										

CERTIFICATION OF DOD COMPONENT OPR AND/OR ACTION OFFICER, APPROVING OFFICIAL, AND FMO I hereby certify that all of the above coordinations have been completed as indicated.														
17. DOD COMPONI		AND/OR	ACTION OFFI	CER										
a. TYPED NAME AN Mr. Paul Watson	DTITLE				b. TELEPHONE NUMBER (Include area code/DSN) c. SIGNATURE									
				808-254-7684	1	to 1 That								
19 DOD COMPONI	ENT APPI	POVING C		19. DOD COMPONENT OR COMMAND FORMS MANAGEMENT OFFIC								EICED		
						a. DATE				PED NAME, TITLE, AND SIGNATURE				
20. APPROVING FO	ORMS MA	NAGEME	NT OFFICER	<u> </u>								40		
a. TYPED NAME		december abeliense de an menseinher		b. D	ATE SIGNED (YY) c.	c. SIGNATURE							
Ms. Amy Madsen					20120307	7	1	IADSEN UE.1076		DN: c	nlly signed by MADSEN.A :=US, o=U.S. Government, SMC, en=MADSEN.AMY	.cu=DoD, ou≂l	PKI,	